EMPLOYMENT APPLICATION

ApotheCare Pharmacy Equal Opportunity Employer. We hire in accordance with all Federal, State, and Local Equal Opportunity statutes and laws.

(PLEASE PRINT. COMPLETE ALL SECTIONS, EVEN IF TURNING IN A RESUME)

Position Applied for	Salary Expected: $	per	Date of Application

How Did You Learn About Us?
☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other_____

Last Name	First Name	Middle Name

Address   Number   Street   City   State   Zip Code

Telephone Number(s)   Social Security Number

If you are between the age of 16 and 18, can you provide required
proof of your eligibility to work? ☐ Yes ☐ No

Are you 18 or over? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date_____

List all other names previously used? _____
_____

Do you have a legal right to work in the U.S.A? ☐ Yes ☐ No

Have you been convicted of a criminal offense in the last seven (7) years? ☐ Yes ☐ No

Are you currently, have you ever been, or has the government proposed that you be excluded from participation in federal health care programs (e.g., Medicare, Medicaid)? ☐ Yes ☐ No

If Yes, please explain: _____
_____

Why do you wish employment with ApotheCare Pharmacy? _____
_____

How would you get to work? _____

Hours Interested In: ☐ Full Time ☐ Part Time ☐ Relief ☐ Temporary/Seasonal

PLEASE INDICATE SCHEDULE AVAILABILITY:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you available to work Holidays? ☐ Yes ☐ No

Names of relatives working for ApotheCare (include location and relationship): _____
_____

How many days of work or school have you missed in the past 12 months? _____ Days

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER*

Education and Training

Type of School	Name and Location (City and State)	Major Subject	Last Year Completed	Diploma Degree
High School			1 2 3 4	
Community College/Trade			1 2 3 4	
College/University			1 2 3 4	
Other			1 2 3 4	

If you are a Pharmacist: Which State(s) are you registered in? _____Registry# _____

Employment Experience (*Start with your present or last job, and list your complete employment history*)

Employer Name & Address	Dates Employed		Work Performed
Phone#	**From**	**To**	
Job Title			
Supervisor Name/Title	Hourly Rate/Salary		
	Starting	Final	
Reason for leaving			

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	Starting	Final	
Reason for leaving			

CLARIFICATION STATEMENT-PLEASE READ BEFORE SIGNING

I hereby certify that all of my statements and information are true, and I understand that any false statements, misrepresentations, or omission of facts to any portion of this application or accompanying documents is grounds for dismissal; regardless of when or how it was discovered. I acknowledge that if I am employed, there will be a 90 day introductory period. I understand that I, or the company may end my employment at any time. I agree to submit to a drug/alcohol screen and/or physical examination if necessary following any conditional offer of employment, and I grant permission to the Company to investigate my criminal and credit history, education, prior employment history and references and hereby release that addressed company and all individuals or agencies connected there within, from all liability for any damages for issuing this information. I understand ApotheCare employees are bonded and that this application will be used as a basis of investigation by the bonding company.

_____   _____   _____

Print Name   Signature   Date

Specialized Skills: Check Skills/Equipment Operated

Production/Mobile

__Phone   __Fax   Machinery (list):   Other (list):

__PC   __Printer   _____   _____

__Calculator   __Ipad   _____   _____

__Point of Sale __Copier   _____   _____

References:

1. _____(   )_____
   (Name)   (Address/Phone #)

   _____
   (Years known)   (Employer)

2. _____(   )_____
   (Name)   (Address/Phone #)

   _____
   (Years known)   (Employer)

   _____(   )_____
3. (Name)   (Address/Phone #)

   _____
   (Years known)   (Employer)

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: ☐ Yes   ☐ No

Remarks   _____

_____   _____
   INTERVIEWER   DATE

Employed: ☐ Yes   ☐ No   Date of
                         employment_____

                  Hourly Rate/
Job Title _____   Salary _____ Department_____

   By_____
      NAME AND TITLE   DATE